

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.

APPLICANT(S)

FILING DATE

04-14-04

CLAIMS

| | AS FILED | | AFTER 1ST AMENDMENT | | AFTER 2ND AMENDMENT | |
|----|----------|-----|---------------------|-----|---------------------|-----|
| | IND | DEP | IND | DEP | IND | DEP |
| 1 | 1 | | | | | |
| 2 | | 1 | | | | |
| 3 | | | | | | |
| 4 | | 1 | | | | |
| 5 | | | | | | |
| 6 | | 1 | | | | |
| 7 | | | | | | |
| 8 | | | | | | |
| 9 | | 1 | | | | |
| 10 | | | | | | |
| 11 | | 1 | | | | |
| 12 | | 2 | | | | |
| 13 | | 1 | | | | |
| 14 | | 1 | | | | |
| 15 | | 2 | | | | |
| 16 | | 1 | | | | |
| 17 | | 1 | | | | |
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| 50 | | | | | | |

TOTAL IND.

1

18

TOTAL DEP.

19

TOTAL CLAIMS

TOTAL IND.

100

TOTAL DEP.

100

TOTAL CLAIMS